# Income Maintenance Advisory Committee Department of Health and Family Services Division of Health Care Financing May 20, 2004 \*Minutes\*

County Attendees: Jackie Bennett, Racine Co.; Lynn Brenner, Calumet Co.;

Liz Green, Dane Co.; Jane Huebsch, Marathon Co.; Ed Kamin, Co-Chair, Kenosha Co.; Doreen Lang, Wood Co.; Bob Macaux, Florence Co.; Chris Machamer, Waupaca

Co.; John Rathman, Outagamie Co.; Felice Riley,

Milwaukee Co.; Shirley Ross, LaCrosse Co.; Sue Schmitz,

Waukesha Co.; Sheryl Siegl, Winnebago Co.; Judy

Steinbicer, Rock Co.; Cindy Sutton, Rock Co.

<u>State Attendees:</u> Mary Claridge, DHFS/DMT; Bernadette Connolly,

DHFS/BIMA; Curtis Cunningham, DHFS/OSF; Brian

Fangmeier, DHFS/BIMA; Theresa Fosbinder,

DHFS/BHCE; John Haine, DHFS /BIMA; Jim Hennen, DHFS/AA; Essie Herron, DHFS/BIMA; Vicki Jessup, DHFS/BIMA; Jim Jones, DHFS/BHCE; John LaPhilliph, DHFS/BHCE Julie Loebel, DHFS/BHCE; Pam Lohaus, DHFS/BIMA; Cheryl McIlquham, DHFS/BHCE; Mike McKenzie, DHFS/BHCE; Amy Mendel-Clemens,

DHFS/BHCE; Scott Riedasch, DHFS/BHCE; Jodi Ross,

DHFS/BIMA; Marilyn Rudd, DHFS/BIMA; Joanne

Simpson: DHFS/BIMA: Edie Sprehn, DWD; Rick Zynda.

DHFS/BIMA

#### Administrative Items

- The April meeting minutes were approved
- HMO Advisory Committee
   The Bureau of Managed Care plans to establish a committee to advise the
   Department on policies and procedures for MA, BC, and other programs.
   Current plans are for meetings to be held three times a year at different
   locations throughout the state. Angie Dombrowicki will chair the committee,
   with representatives from health care advocate groups, and HMOs. DHFS is

also looking for a county representative for this group.

#### **Subcommittee Reports**

#### **Program and Policy Coordination**

- 1. Scott Riedasch presented an update on changes to the funeral and cemetery aids program (see handouts below).
- 2. Scott Riedasch provided a status report on the issue of Expedited MA applications for State Prison Inmates (see handouts below).
- 3. Mike McKenzie presented recommendations regarding Broad Based Categorical Eligibility for Food Stamps (recommendations are in handout below). Recommendations were approved with the request that the date be pushed back from July 1, 2004, to 30 days after the Operations Memo is released.

#### **Quality Assurance**

John Haine presented Performance Standard Recommendations (see handouts below). These recommendations were referred to the Workload and Finance subcommittee.

#### Training and Technical Assistance

Theresa Fosbinder presented recommendations of the Training and Technical Assistance committee.

A motion was passed to make the FS Reduced Change Reporting class mandatory, for any workers that complete FS Eligibility. The training will have to be completed by September 30, 2004.

#### **CY O5 Allocations**

The base funding for calendar year 05 was reduced to \$46.6 million, based on the 03-05 biennial budget. The Department is seeking possible sources of additional funds to account for recent caseload increases.

#### Handouts from the Program and Policy Coordination Committee

## IMAC Program and Policy Coordination Subcommittee Medicaid Update 5/20/04

#### **Funeral and Cemetery Aids Program**

#### Issue

Current policies are easily misunderstood, resulting in a lack of uniformity in the way the program is administered statewide. Families and service providers experience different policies and procedures depending on the county with which they are dealing. It is very likely that these differences extend to reimbursement practices as well.

#### **Proposal**

- Implement a single, mandatory claim form for statewide use.
- Accept estate and other funding source information on a self-declared basis. Follow-up only
  if information is "questionable." Providers <u>and</u> executor (or family representative, if no
  executor) must certify that estate is insufficient to cover expenses.
- Provide counties with a list of allowable medical status codes and update as necessary.
- Reimburse providers of service only, not family members, or others.
- Rewrite policy and procedure manual.
- Offer training to counties, funeral directors, cemetery boards, other interested parties.
- Conduct periodic state-level auditing of random claim sample to evaluate:
  - -- County application of policy and procedure
  - --Actual available resources at time of death relative to those reported on claim

#### Status

Draft claim form developed in March based on comments from counties. Shared with IMAC in April.

Meeting with president of WI Funeral Directors Assoc. on 4/22/04; positive reaction to overall goal of standardization of policy and process. Overall very positive about the proposal in general and particularly the claim form.

Association represents 86% of funeral homes; he did mention the possibility of accomplishing training through their "continuing education" requirements.

He did note a couple of concerns:

- --proposal to begin counting "cash advance items" toward the \$3500 statutory limit
- --suggested that "cremation" should always count as a cemetery expense

Internal DHFS workgroup now considering these and other questions; will try to resolve before next IMAC.

**Return to**: County Name, DHS Mailing Address City, State, Zip



### Wisconsin Funeral and Cemetery Aids Program Reimbursement Request

| Name // / Address  | Date of Birth  Date of Death |  |  |  |  |  |
|--|------------------------------|--|--|--|--|--|
|  |                              |  |  |  |  |  |
| <b>Funeral Expenses</b> are subject to a \$1500 reimbursement limit under s. 49.785 (1) (b) Wis. Stats. Indicate total funeral expenses in the spaces provided.  |                              |  |  |  |  |  |
| \$Basic Funeral Services (Indicate total expenses for funeral planning, securing necessary permits and copies of death certificates, preparing notices, sheltering remains, coordinating arrangements with the cemetery, crematory, or other third parties.)   |                              |  |  |  |  |  |
| \$Additional Funeral Services and Merchandise (Indicate total expenses for transporting, or receiving the remains, embalming and other preparation of the body, use of the funeral home for the viewing, ceremony or memorial service, use of equipment and staff for a graveside service, use of a hearse or limousine, casket, outer burial container or alternate container.) |                              |  |  |  |  |  |
| \$Cash Advances (Indicate total expenses incurred by the funeral home for goods and services purchased from outside vendors including flowers, obituary notices, pallbearers, clergy honoraria, musicians or vocalists, nurses, public transportation, and gratuities. Do not list cash advances for cemetery services here. All cemetery expenses must be listed below.)        |                              |  |  |  |  |  |
| \$Other Funeral Expenses (Indicate total services not covered above, such as cremation, if that is a ser   |                              |  |  |  |  |  |
| Cemetery Expenses are subject to a \$1000 reimbursement limit under s. 49.785 (1) (a) Wis. Stats. Indicate total cemetery expenses in the spaces provided.   |                              |  |  |  |  |  |
| \$Monument, Marker, Nameplate  |                              |  |  |  |  |  |
| \$Cemetery Lot, Mausoleum Space, Vase  | e or Urn                     |  |  |  |  |  |
| \$Opening/Closing of Grave or Mausoleu   | ım Space                     |  |  |  |  |  |
| \$Services associated with supplying or goods (specify)  | delivering these             |  |  |  |  |  |



| Reimbursement under s. 49.785 Wis. Stats. is available only when the estate of the decedent is insufficient to pay for his/her funeral, burial and cemetery expenses.  In signing below, the Provider certifies that: 1) the expenses indicated here represent all funeral and cemetery expenses for the decedent of which the Provider is aware and 2) funds to which the Provider is entitled as the beneficiary of a burial agreement under s. 445.125 Wis. Stats. are included in the "Paid by Estate/Other" amounts.  In signing below, the Executor, or Family Representative, certifies that the "Paid by Estate/Other" amounts indicated here represent the total funds available from the estate and other funding sources to cover funeral, burial and cemetery expenses of the | Total Funeral Expense Paid by Estate/Other Reimbursement Request Total Cemetery Expense Paid by Estate/Other Reimbursement Request | \$<br>\$<br>\$<br>\$<br>\$ |  |  |  |  |  |
|---|--|----------------------------|--|--|--|--|--|
|   |  |                            |  |  |  |  |  |
| Provider of Services Date  Provider Address   |  |                            |  |  |  |  |  |
| Executor (or, if no executor, Family Representative; indicate relationship to deceased)  Date  Executor/Family Representative Address   |  |                            |  |  |  |  |  |
|   |  |                            |  |  |  |  |  |

### Status of Expedited Medicaid Applications for State Prison Inmates May 20, 2004

#### **Summary of Initiative:**

Working with DOC, SSA and DDB, DHFS is assisting DOC staff to obtain Medicaid benefits for prison inmates with significant mental health problems as soon as possible after their release from prison. We have developed a process where DOC staff will work with inmates and prison medical staff to complete application forms for SSI and Medicaid. We expect most of the inmates to be found eligible for SSI, however, some inmates will have to file applications at the local County/Tribal ES agencies. In order to obtain benefits as soon as possible after the offenders are back in the community, the process will require ES staff to do initial processing of the applications prior to the inmate's release and hold off confirming eligibility in CARES until the date of release from the prison. Community Corrections staff will also be assisting former inmates with following through on reporting changes and completing eligibility reviews.

A late proposal to add an application for Food Stamps has been dropped for now, so agencies should only see Medicaid applications for the first few months.

New Implementation Date: July 1, 2004

**DOC Training** A Medicaid trainer will be providing DOC staff with basic Medicaid training

in early June.

**Ops Memo**We are currently reviewing a draft Ops Memo that we plan to have out by

June 4. Besides explaining the process, the memo will be letting local agencies know that if they want to designate certain staff to be their agency contacts with DOC, they will need to provide DHFS with the name

and phone number of their contact persons.

#### **Broad Based Categorical Eligibility for Food Stamps**

**Background:** Households considered categorically eligible for food stamp benefits are not required to pass an asset or gross or net income test in order to be found eligible for the program. Food stamp benefit allotments are determined solely on net income after allowable deductions have been subtracted from the household's gross income. Federal regulations allow States significant flexibility in determining which households may be considered as categorically eligible. Generally, categorical eligibility for food stamps must be conferred to households who are receiving or authorized to receive any cash benefits or non-cash services from a program that is more than 50 percent funded TANF or TANF MOE money. At least seven States have used the flexibility allowed in the federal regulations to confer "broad-based" categorical eligibility for food stamps to virtually all applicant households. These states are Delaware, Maine, Michigan, North Dakota, Oregon, South Carolina, and Texas.

**Current Policy:** Wisconsin confers categorical eligibility for food stamps to any household where at least one household member is receiving or authorized to receive benefits or services from W2 (any placement), Child Care Assistance, Tribal TANF, etc. SSI recipients are individually categorically eligible and as such, their assets are excluded in the FS eligibility determination.

**Proposed New Policy:** Wisconsin could develop a system that would allow virtually all households to be considered as categorically eligible for food stamps by developing an informational document provided to all food stamp applicants informing them of available TANF or MOE services. As long as the applicant's income is below 200% of the FPL they are "authorized" to receive assistance from these support services, thus conferring categorical eligibility to almost all food stamp applicants. There would be some limited exceptions since, by regulation, categorical eligibility cannot be conferred to households with total gross income exceeding 200% of the federal poverty level or to households where any member is sanctioned due to an Intentional Program Violation or drug felony conviction.

#### Advantages:

#### **Workload Reduction**

Workers would no longer be required to gather asset information or verification for any households applying for food stamps, Family Medicaid/BadgerCare, or ChildCare Assistance. Minimal training would be required to implement the policy.

#### **Payment Accuracy:**

Decrease in errors due to excess unreported assets. These are usually large dollar errors since excess assets result in benefit ineligibility. In December 2003 one asset error increased our statewide error rate by 2%.

#### **Program Access:**

Removing the asset test would allow more households to be eligible for food stamps, particularly the target population of low-income seniors who are currently receiving SeniorCare and/or LIHEAP (neither of which have an asset test).

Reduction in the amount of information required to be provided in order to complete an application for food stamp benefits.

All food stamp households would receive information about other available support services in one brochure.

#### Disadvantages:

CARES enhancements would be required to compare food stamp household gross income to 200% FPL for the household size.

Funding will be required to develop the brochure and train workers about the new policy. Per FNS, the funding source could be TANF and/or MOE funds or DHFS funds.

**Recommendation:** The Policy and Program Coordination Subcommittee recommends implementation of broad-based categorical eligibility.

#### Handout from the Quality Assurance Committee

## Quality Assurance Subcommittee Performance Standards Recommendations to: DHFS & IMAC

#### Charge

Develop performance standards recommendations for consideration by IMAC and DHFS for the 2005 IM contract. Standards identified for consideration are:

- Food Stamp payment accuracy, sanction and bonus
- Food Stamp denial/termination accuracy
- Food Stamp program participation
- Food Stamp application processing timeliness

#### **Guiding Principles Established by the QA Subcommittee**

- Except for participation bonuses, only agencies selected in the Food Stamp QC sample are considered for either a bonus or a sanction pass-through
- All agencies selected in the sample share in the sanction (if responsible for the error) and share in the bonus (if responsible for the correct case)
- If there is no sanction or bonus to Wisconsin, there is no sanction or bonus pass-through to the local level

#### Recommendations:

Only APE errors are counted in a sanction pass-through to the local agencies, not agency errors (non-APE). For example, Milwaukee County had several Food Stamp payment errors that were defined as agency (non-APE) errors due to documentation problems between the W-2 agency and Milwaukee County.

Only agencies selected in the sample will be part of any sanction pass-through. A total of 72 agencies were part of the FFY 2003 sample.

All local agencies with APE errors will assume liability for a sanction pass-through. Liability for sanctions is no longer restricted to local agencies with a QC sample of 30 or more cases selected in a program year. In FY 2003 six agencies had a sample of 30 or more cases.

The sanction pass-through liability is based on the specific APE dollars determined with QC data. No initial comparison is made to the federal tolerance level.

There is a maximum APE pass-through at a range between 1%-5% of the agencies budget (final % to be determined).

For payment accuracy bonus pass-through, use a calculation applied to the dollars issued for the correct cases for each local agency selected in the sample to determine the agency's percentage of total dollars issued for correct cases. The agency would receive that percentage of the bonus pass-through. For example using a pass-through of \$1 million:

"Large" County, with 5.6% of the correct case allotment total, would have received \$55,998 "Jumbo" County, with 45.39% of the correct case allotment total, would have received \$453,898

DHFS will retain 50% of most bonuses to implement statewide initiatives or offset state payment accuracy costs.

IM contract language should contain broad earmarking language, e.g. "used to fund local agency resources necessary to the administration of IM programs." This would allow the bonus funds to be matched with federal \$.

The same methodology (number of correct cases) would be applied to a bonus pass-though associated with Food Stamp negative error rate improvement. The state would retain 50% of bonus dollars earned. The pass-through formula would be applied to the remainder.

For Food Stamp participation bonuses, the state will retain 50% of bonus dollars earned, but the remainder would be passed through to each local agency as a percentage of their caseload. Using a pass-through bonus of \$1 million:

"Tiny" County, with .36% of the caseload, would receive \$3,628

"Jumbo" County, with 50.17% of the caseload, would receive \$501,698

"Medium" County, with 3.66% of the caseload, would receive \$36,618

100 percent of any bonus dollars earned in the timely processing of Food Stamp applications would be passed-through to the local agencies. Bonuses would be distributed based on individual local agency performance as demonstrated in QC data. Baseline data is starting with FY 2003 QC reviews.

| Performance<br>Measures                 | Funding<br>Available         | Measurement<br>Method  | Criteria for the<br>First Set of<br>Bonuses                           |  | Criteria for the<br>Second Set of<br>Bonuses | FY 2003 Data  | Wisconsin<br>Status  |
|---|------------------------------|--|---|--|--|---|--|
| Payment<br>Accuracy                     | \$24 million<br>to 10 states | QC data  | 7 with the lowest payment error rate                                  | The seven lowest rates ranged from 1.16%-4.62% | improved payment error                       | most improved<br>rates are<br>8.42%, 4.64%<br>and 4.04%<br>reductions | Currently at 9.33%, with national average at 6.28%, Wis. has a 3.36% reduction in rate from 2002 and ranks 6th in rate reduction |
| Negative<br>Error Rate                  | \$6 million to six states    | QC data  | 4 with the lowest payment error rate                                  | range from .25%                                | 2 with the most improved payment error rate  | improved rates  | FY '02 Wis. rate<br>was 10.3%, current<br>rate is4.98%, a<br>5.32% reduction   |
| Participation<br>Rate                   | \$12 million to eight states | Ave. mo. participation divided by the no. of people below poverty level using previous year's data | 4 with the highest participation rate                                 |  | 4 with the most improved participation rate  |   | FNS data for FY<br>2002:<br>Wisconsin ranks in<br>the middle @ 59%<br>participation, and in<br>the middle with a<br>4% increase  |
| Application<br>Processing<br>Timeliness | \$6 million to six states    | reviews: 30 day  | 6 states with the highest percentage of timely processed applications | National data not available                    | None   | N/A   | Current processing rate is 97.59%  |

#### Handout from the Training and Technical Assistance Committee

## RECOMMENDATION FOR CRITERIA TO DETERMINE MANDATORY IM TRAINING IMAC TRAINING AND TECHNICAL ASSISTANCE (TATA) SUBCOMMITTEE MAY 20, 2004

#### **OVERVIEW OF TATA**

The IMAC Training and Technical Assistance (TATA) subcommittee is comprised of representatives from large, medium and small local Income Maintenance (IM) agencies, as well as state staff representing several areas within the Bureau of Health Care eligibility (BHCE) and the regional offices. This subcommittee was formed at the request of the IMAC. IMAC members were interested in convening a group of local and state staff interested and experienced in planning and strategizing in the area of training – especially in light of the interest in exploring more distance learning techniques and delivery.

The subcommittee has been collaborating on IM training issues for the past 8 months. In that time, the group has worked to get up to speed on upcoming IM programmatic initiatives, as well as learning more about various technologies and strategies that support distance learning. This group has had direct input into various training processes, including providing feedback on the Food Stamp Application Processing training offered in late 2003, providing guidance regarding planning new worker classes, and helping create communication strategies to work with agency training staff on current distance learning programs like the Employer Verification Form Processing and Food Stamp Reduced Change Reporting initiatives.

As the TATA subcommittee moved forward with its work, it identified a critical factor that appears to be impacting the success and/or failure of IM training in Wisconsin. This factor is the lack of designation of any IM training programs as mandatory.

#### MANDATORY TRAINING DEFINITION

For purposes of this discussion, "mandatory" means: "the appropriate workers must complete the training course successfully".

(Note: At this time, completing a course "successfully" is synonymous with course completion, however in the future it could mean a certain level of proficiency.) The designation of specific training programs as "mandatory" is not to be confused with the requirement to meet a number of training hours per DWD 23 and related administrative requirements as stipulated in DHCF Administrator's Memos.

#### **BACKGROUND: MANDATORY TRAINING**

Currently, no IM training programs are being designated as mandatory, either for all IM workers or for specific worker types. Whereas some local agencies may have made training programs mandatory for their staff, the Department has not.

Among other issues, challenges have been that it has been difficult to measure whether or not staff have complied with mandatory training requirements, and to determine what consequences there should be for non-compliance.

Members of the IMAC TATA are concerned with the current approach because:

 If critical training courses are not taken, error rates may rise due to outdated worker skill sets





- There may be an increase in customer complaints/dissatisfaction due to untrained workers
- There may be an increase in worker dissatisfaction and turnover if workers do not feel properly trained and equipped to do their jobs
- It is harder to transition workers to the distance learning methodology that has been requested by local agencies and the IMAC. If training is not made mandatory, workers don't access the training courses and thus do not become accustomed to the new delivery methods
- Workload reduction initiatives cannot be successful unless workers are trained on how to implement them – if workers don't understand how to put the strategies into practice, workload may not be reduced and funds may be spent ineffectively.

For these reasons, the subcommittee feels that failure to develop a strategy and process for determining IM courses as mandatory could jeopardize the proficiency of the IM workforce, the ability to transition to a distance based training model, and positive payment accuracy outcomes.

The IMAC TATA subcommittee considered three options for creating such a strategy and process:

- Status quo make no IM training mandatory
- Make all IM training mandatory
- Develop criteria to identify mandatory IM courses

For reasons previously discussed, leaving the situation status quo was not considered a viable option. The second option, making all IM training mandatory did not seem to be realistic in terms of workload, compliance monitoring, and potential fiscal impact. Therefore, the group proceeded with an option that attempts to develop criteria to identify which IM courses should be designated as mandatory.

#### WHY SHOULD TRAINING BE DESIGNATED AS MANDATORY?

In order to alleviate concerns such as those listed, and to maximize the impact of training on process and payment accuracy, customer satisfaction, worker satisfaction/retention, workload reduction, and the transition to distance learning, there must be IM training that is considered mandatory. Deeming training programs as mandatory could:

- Increase payment accuracy and decrease the error rate
- Establish training as a workload priority
- Increase buy-in for distance learning
- Serve as a step toward a competency based training model to increase worker proficiency and customer satisfaction statewide.

Because of the increased use of distance based programs, the availability and flexibility of training has increased - it is no longer necessary to wait for sessions to be offered in a particular area or for a slot to open. Distance learning also has the potential to lessen the overall cost of training, which could make the Department less hesitant to mandate training programs to local agencies.

In addition, the recent implementation of the PTS Learning Center (f.k.a. "BPS Registration Center", "Pathlore") provides more consistent access for training participants, as well as tracking and reporting that could allow determination of compliance with mandatory training requirements. So although consequences for non-compliance with mandatory training requirements may still need to be developed, the means to determine compliance now exists.





Also, a new IM funding methodology for CY 2006 that may include training as a funded IM activity beginning in 2006 is currently being developed. At that point, the Department may be in a position to implement a set of criteria to determine mandatory training and related processes. Implementing such mandatory criteria and related processes now is a step in that direction, and would allow training participants to adjust to this process well before it becomes a part of any revised funding methodology.

#### IMAC TATA RECOMMENDATION FOR MANDATORY TRAINING CRITERIA

Training programs/courses should be designated as mandatory by the Department (per the above definition of "mandatory") per set criteria that are applied consistently. Recommendations for these criteria are:

- The topic is a new policy initiative that is tied to an Ops Memo AND/OR
  - The topic is a significant new process or automation change AND/OR
  - The topic is a major CARES system change
     AND/OR
  - There is potential impact on Food Stamp or Medicaid payment accuracy (error rate)

As IM training programs are developed, their topics should be consistently evaluated against these criteria, and if any of them are met, the program should be designated, announced, and tracked as a mandatory program. Consideration of impact on customer service and workload reduction should be part of this evaluative process.

The group would like the June Food Stamp Reduced Change Reporting Phase 2b training to be the first program to be designated as mandatory using the recommended criteria.

#### MANDATORY TRAINING AND PROFESSIONAL DEVELOPMENT CREDIT

In conjunction with implementing criteria to determine mandatory training programs, the subcommittee also requests that a change be made to an administrative requirement in DHCF Administrator's Memo 03-02. All mandatory training should count toward the required 12 hours of professional development, effective with the IM training requirements Administrator's Memo for calendar year 2005.

#### **CONSIDERATIONS**

- As this set of criteria for determining mandatory training, and any resulting process changes are implemented, appropriate communication to involved staff, as well as PTS Learning Center process changes will need to occur.
- A process for non-compliance with mandatory training requirements will need to be developed by the appropriate entities and communicated accordingly.
- It is expected that the PTS Learning Center (f.k.a. "BPS Registration Center", "Pathlore") will be used to track compliance with mandatory training requirements. State and local agency staff will work together to ensure that this happens in a timely manner, and that any IT problems or other issues are satisfactorily addressed.
- ◆ For face to face training that is deemed as mandatory, current PTS Learning Center registration and tracking methods will continue to be used.
- For distance learning programs that are deemed to be mandatory, individual interaction with certain pre-communicated components of each course will be required so that course access and completion can be tracked. This means each individual will need to sign on the PTS Learning Center site and complete these portions while signed on to the course.





Example - Food Stamp Reduced Change Reporting Phase 2b course: Participants will need to access the instructions ("Start here") and the course evaluation individually to obtain course completion status. Other components within the course (Phase 2a refresher, SMIRF processing simulation exercises, topical assessment) may be accessed either individually or as part of a group setting, but to achieve a course completion status, the instructions and the evaluation must be accessed individually.



